

# Washington Metropolitan Area Transit Commission

## 2010 Carrier Annual Report Form

### PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

### 1. ANNUAL REPORT OF:

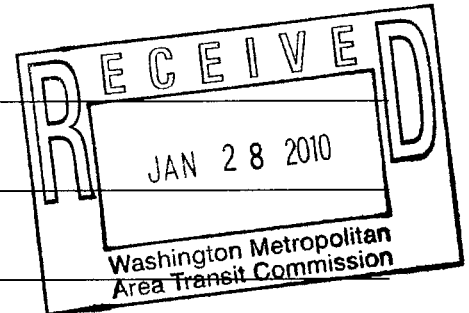
535 Medride, Inc.  
\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

4906 Buchanan Street, Hyattsville, MD 20781-2434

\*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(301) 918-0011	(202) 258-5571	(202) 315-3395	medrideinc@verizon.net
*Telephone Number	Other Telephone	Fax Number	E-mail



### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Nwoke Dennis President  
\*Name \*Title

(202) 258-5571	(301) 918-0011	(301) 918-0044	medrideinc@verizon.net
*Telephone Number	Other Telephone	Fax Number	E-mail

### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Name of Registered Agent for Service of Process

Street Address

Telephone Number	Other Telephone	Fax Number	E-mail
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I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

\*Title

\*Date

rev. 12/23/09

**MEDRIDE, INC**

Make	Model	Year	Vin #	# Passenger	Tag #
1 FORD	E350	2000	1FBSS31L1YHB46731	15 Passenger	48501M9
2 FORD	E350	2001	1FBSS31L91HB54565	15 Passenger	42344M3
3 Chevrolet	3500	2002	1GBG39R221141039	15 Passenger	41170M1
4 Chevrolet	3500	2002	1GAHG39R421223245	15 Passenger	04399M7
5 FORD	E350	2003	1FBSS31LX3HA00501	15 Passenger	42887M5
6 FORD	E350	2003	1FBSS31L03HA46936	15 Passenger	42887M4
7 FORD	E250	2003	1FTNS24LX3HA26286	15 Passenger	42W926
8 FORD	Free Star	2006	2FMZA51696BA54047	7 Passenger	44186M1
9 FORD	E350	2007	1FBSS31L97DB29424	15 Passenger	<u>45140M3</u>
10 FORD	E350	2007	1FBSS31L37DB20430	15 Passenger	<u>45140M4</u>

